

PRIVACY IMPACT ASSESSMENT (PIA)

For the

Visual Field Analyzers (VFA)	
US Army Medical Command - DHP Funded System	

SECTION 1: IS A PIA REQUIRED?

a. Will this Department of Defense (DoD) information system or electronic collection of
information (referred to as an "electronic collection" for the purpose of this form) collect,
maintain, use, and/or disseminate PII about members of the public, Federal personnel, contractors or foreign nationals employed at U.S. military facilities internationally? Choose one option from the choices below. (Choose (3) for foreign nationals).

	(1) Yes, from members of the general public.
	(2) Yes, from Federal personnel* and/or Federal contractors.
\boxtimes	(3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.
	(4) No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

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^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

a.	Why	is this PIA being	created or update	d? C	hoose one:	
		New DoD Informa	tion System		New Electroni	ic Collection
		Existing DoD Info	rmation System	\boxtimes	Existing Elect	ronic Collection
		Significantly Modi	ified DoD Informatio	n		
b. Ro	Is this	s DoD information Network (SIPRNE	n system registere T) IT Registry?	d in t	he DITPR or the	DoD Secret Internet Protocol
		Yes, DITPR	Enter DITPR Syster	n Iden	tification Number	
		Yes, SIPRNET	Enter SIPRNET Ide	ntificat	ion Number	
	\boxtimes	No				
c. by	Does secti	this DoD informa on 53 of Office of	ation system have Management and	an IT Budg	investment Unio get (OMB) Circul	que Project Identifier (UPI), required ar A-11?
		Yes		No		
	If "Y	es," enter UPI				
		If unsure	, consult the Compone	nt IT B	udget Point of Conta	act to obtain the UPI.
	ecord	s Notice (SORN)?	•			quire a Privacy Act System of
	or law	racy Act SORN is requiful permanent U.S. restration should be consisted.	sidents that is <u>retrieved</u> t	stem o oy nam	r electronic collection e or other unique ide	n contains information about U.S. citizens Intifier. PIA and Privacy Act SORN
	\boxtimes	Yes		No		
	If "Y	es," enter Privacy	Act SORN Identifier		A0040-66b DASG	
		Consult the Comp	assigned designator, no onent Privacy Office fo cy Act SORNs at: http	r addit	ional information or	
		or			-	
	Date		approval to Defense omponent Privacy Offi			

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Yes Enter OMB Control Num Enter Expiration Date No ority to collect information ment must authorize the co	n. A Federal law, Executive Order of the President (EO), or DoD ollection and maintenance of a system of records.
Enter OMB Control Num Enter Expiration Date No ority to collect information nent must authorize the co	n. A Federal law, Executive Order of the President (EO), or DoD ollection and maintenance of a system of records.
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nent must authorize the co	ollection and maintenance of a system of records.
If this system has a Privace	
ORN should be the same.	cy Act SORN, the authorities in this PIA and the existing Privacy Act
	DoD information system or electronic collection to collect, use, maintair ultiple authorities are cited, provide all that apply.)
(a) Whenever possible ne operation of the system ar	le, cite the specific provisions of the statute and/or EO that authorizes nd the collection of PII.
e cited. An indirect authority	e or EO does not exist, determine if an indirect statutory authority can may be cited if the authority requires the operation or administration o which will require the collection and maintenance of a system of records
(c) DoD Components ousekeeping") as the primary tatute within the DoD Compo	can use their general statutory grants of authority ("internal y authority. The requirement, directive, or instruction implementing the onent should be identified.
Supplement IV, Appendix 454, 117 Sections 11131-11152, Re Fricare Program; 10 U.S.C 107 CHAMPUS; 10 U.S.C 1086, Co Their Dependents; E.O. 9397 (Freatment Facilities (MTFs); Do	the Army; 10 U.S.C 1071-1085, Medical and Dental Care; 50 U.S.C. as amended, Persons liable for Training and Service; 42 U.S.C Chapter eporting of Information; 10 U.S.C 1097a and 1097b, Tricare Prime and 79, Contracts for Medical Care for Spouses and Children; 10 U.S.C 1079a, contracts for Health Benefits for Certain Members, Former Members, and (SSN); DoD Instruction 6015.23, Delivery of Healthcare at Military oD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) an Health and Medical Program of the Uniformed Services (CHAMPUS); al Record Administration and Health Care Documentation.
Sup 117 Frica CHA The Frea	plement IV, Appendix 454, Sections 11131-11152, Reare Program; 10 U.S.C 107 AMPUS; 10 U.S.C 1086, Cappendents; E.O. 9397 (atment Facilities (MTFs); Dependents; DoD 6010.8-R, Civilia

(1) Descri	be the purpose of this DoD information system or electronic collection and briefly
	ne types of personal information about individuals collected in the system.
This equipmen and enhanced	documents the quality of a patient's peripheral vision. This allows for quality documentation longitudinal assessment of disease and pre-disease states.
The personal ir	nformation collected includes name, date of birth, and medical information.
	describe the privacy risks associated with the PII collected and how these risks are to safeguard privacy.
Risks include un	authorized access to or unauthorized disclosure of PII. These risks are addressed by the following
2) Appropriate s	as role-based access. afeguards are in place to minimize the possibility of disclosure. The device is physically housed ir appropriate networking security in effect.
Vith whom wi	II the PII be shared through data exchange, both within your DoD Componen
Vith whom wi side your Coi	II the PII be shared through data exchange, both within your DoD Component mponent (e.g., other DoD Components, Federal Agencies)? Indicate all that a
side your Co	mponent (e.g., other DoD Components, Federal Agencies)? Indicate all that a
side your Co	II the PII be shared through data exchange, both within your DoD Component mponent (e.g., other DoD Components, Federal Agencies)? Indicate all that a see DoD Component.
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side your Col Within th Specify.	nponent (e.g., other DoD Components, Federal Agencies)? Indicate all that a see DoD Component. The PII will be shared within the Military Treatment Facility (MTF) using this
side your Cor Within the Specify.	nponent (e.g., other DoD Components, Federal Agencies)? Indicate all that a see DoD Component. The PII will be shared within the Military Treatment Facility (MTF) using this application.
Within the Specify. Other Dole Specify.	nponent (e.g., other DoD Components, Federal Agencies)? Indicate all that a see DoD Component. The PII will be shared within the Military Treatment Facility (MTF) using this application.
Within the Specify. Other Dole Specify.	Indicate all that a see DoD Components. The PII will be shared within the Military Treatment Facility (MTF) using this application. Components.
Within the Specify. Other Dol Specify. Other Fed Specify.	Indicate all that a see DoD Components. The PII will be shared within the Military Treatment Facility (MTF) using this application. Components.
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S	pecify.				
Do ind	ividuals h	ave the op	oortuni	ty to c	object to the collection of their PII?
⊠ Y	es			No	
(1)	If "Yes," o	describe me	thod by	which	individuals can object to the collection of PII.
Individu informa	uals review ation is not t	and sign DD furnished, cor	Form 20 npreher	005, Prinsive he	ivacy Act Statement - Health Care Records. If the requested ealth care may not be possible, but care will not be denied.
(2)	If "No," st	ate the reas	on why	individ	duals cannot object.
Do indi	viduals h	ave the opp	ortunit	y to c	onsent to the specific uses of their PII?
⊠ Y	es			No	
(1)	If "Yes," o	describe the	method	d by w	hich individuals can give or withhold their consent.
does n	uals review ot consent be denied.	and sign DD to the specific	Form 20 cuses o	005, Pri f their F	ivacy Act Statement - Health Care Records. If the individual PII, comprehensive health care may not be possible, but care
(2)	If "No," st	ate the reas	on why	individ	duals cannot give or withhold their consent.

i.

j.

Priva	cy Act Statement		Privacy Advisory
Othe	r		None
Describe each applicable ormat.		DD Form 2005,	Privacy Act Statement - Health Care Records.

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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